Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced Follow-up)

Emergency Department, Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced, follow-up inspection at the emergency department at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board on 28, 29 and 30 November 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We saw improvements in many areas of the Emergency Department (ED), but there remained some areas of significant challenge, which were not progressing at the pace required.

Staff continued to work hard under highly challenging conditions. Many staff members went above and beyond to ensure patients were well cared for. However, their efforts were often hindered by the number and acuity of patients attending the department.

The majority of patients we spoke with were generally happy with the way that staff interacted with them, and the care provided. However, patients were critical of waiting times. Although an improvement on what we saw on the previous inspection, we found that some patients had been waiting to be seen by a doctor for over three hours.

We saw the vast majority of staff speaking with patients and their relatives in a polite, professional and dignified manner.

We found that the dignity of some patients was affected by either lengthy waits within the department, or as a result of being accommodated in corridor areas.

We also found that the overall culture in the department did not always promote dignified and respectful patient care.

Immediate assurances:
HIW highlighted the following serious issues which required immediate action by the health board to prevent significant harm to patients, members of the public and staff. Please note this list is not exhaustive and full details are contained in Appendix B:

- The culture in the department did not always promote accountability and dignified and respectful patient care. For example, we found that:
  - Some patients felt unsupported, forgotten and uninformed. Others told us that some staff were not always kind and courteous to them
  - Some staff were rude and hostile during interactions with the inspection team and patients with a small number of staff overheard using derogatory language to describe patients.

In addition to the immediate assurance issues highlighted above, this is what we recommend the service can improve:

- Ensure that patients are kept informed of their journey through the ED and what is happening to them in relation to care and treatment.

This is what the service did well:

- Comfortable and well decorated relatives' room
- Provision of food and drink to patients
- Involvement of family and friends in the provision of care
- Availability of leaflets and posters inviting feedback from patients about the service provided
- Notices informing patients and visitors about the action taken by the health board as a result of the concerns or suggestions made.

Delivery of Safe and Effective Care

Overall summary:
There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital which meant there were insufficient numbers of spaces to move patients into. This meant that some patients were spending in excess of 48 hours in the department.

We found improved oversight of the waiting area including a registered nurse allocated to the front door. When there was no nurse available, a health care assistant (HCA) was assigned to this role. There was a lack of oversight from more senior staff of the waiting area, particularly when the nurse role was not filled.

Patients in the waiting room were offered regular drinks and food.

We observed a patient emergency in the waiting room, and this was managed in a highly effective manner, with immediate attendance and resuscitation by the team.

We found the main areas within the ED to be generally clean and tidy and that high throughput areas and touchpoints, including toilets and door handles, were being cleaned regularly and to a good standard. However, we found some evidence that general infection prevention and control measures were not sufficiently robust in all areas, including clinic and treatment rooms.
We found that health and safety risks were not appropriately managed within the department and there was an inconsistent approach to the completion of risk assessments.

Medication management processes were not sufficiently robust and safe. Staffing remained problematic. There continued to be over reliance on agency staff with the management team within the ED struggling to ensure that there were sufficient staff on duty in order to provide safe and effective care.

Immediate assurances:
HIW highlighted the following serious issues which required immediate action by the health board to prevent significant harm to patients, members of the public and staff. Please note this list is not exhaustive and full details are contained in Appendix B:

- Not all risks to health and safety within the ED were managed appropriately. For example, we found that:
- There was a lack of oversight of the waiting area by more senior staff, particularly when there was no qualified nurse covering this role
- Self-harm and suicide risk assessments were not always completed for patients presenting with these issues
- Risk assessments such as pressure damage and falls risks were not being undertaken routinely for patients who had been in the department for over 24 hours. This exposed patients to risk of harm and meant mitigations were not always put in place
- Storage cupboards were unlocked and unsecured throughout the inspection. One cupboard contained scalpels
- Dirty and clean utility rooms, which contained bleach and other substances hazardous to health, were unlocked and accessible to members of the public
- Automatic doors leading to the ambulance bay and resuscitation area were not working. This presented a risk of unauthorised access
- Consultation rooms and connecting doors were unlocked, presenting a risk of unauthorised access from the waiting room into the main department.
- Not all aspects of care were being delivered in a safe and effective manner. For example, we found that:
- There were significant delays in patients being triaged and this placed patients at significant risk of harm
- These delays exceeded two hours at times and included patients with time critical conditions such as stroke and chest pain. This meant that, in some cases, patients could not be offered time critical interventions due to the delays taking them outside of the recognised critical intervention timescales. This included one patient who had suffered a stroke
- The acuity of patients walking into the department was high. Patients with chest pain, heart problems and stroke were all routinely attending the department. Patients told us that this was due to lack of available ambulances in the community and their lack of confidence that an

ambulance would get to them. Some patients told us that they had been asked to make their own way to the department as there were no ambulances available. This resulted in acutely ill patients arriving at ED reception which then resulted in the triage nurses having to provide more interventions and detail gathering which led to delays

- There was a system in place for reception staff to alert triage staff. However, this did not always work well, and time critical conditions were missed
- The reception team had not received any training on non-medical triage
- Time critical conditions were not always managed in a safe and effective way. This presented a significant risk of harm to patients
- There was a lack of cohesion and team working between speciality doctors and ED. This was most evident in urology and medical services, where ED doctors experience significant issues in obtaining specialist reviews for patients who required them. In some cases, patients were uninformed, in pain and at risk of harm. This also meant that nursing staff struggled to escalate patients who required specialist review when they deteriorated. This also significantly impacted flow. In some cases, when patients were eventually seen by speciality doctors, they were discharged immediately following review. This meant that they would not have required a bed space had they been seen earlier. There were documented incidents where speciality doctors had refused to see patients and were unwilling to support ED staff. This led to backlog in ED which then resulted in patients being accommodated in inappropriate areas
- Observations were not undertaken at a frequency that would detect deterioration in a patient's condition at an early stage. The National Early Warning System (NEWS) was in place, which is good practice. However, staff were following this to an extreme degree and not using their clinical judgement and deviating when a patient's condition indicated. NEWS scoring is a helpful tool for recognising deterioration in relatively stable patients. However, due to the unstable and urgent nature of patients presenting to ED clinical judgement needs to be applied alongside this. This includes the use of specific standards and guidelines from professional bodies such as the Royal College of Emergency Medicine (RCEM) and the National Institute for Health and Care Excellence (NICE). The RCEM standards for vital signs state all patients should receive a full set of observations within 20 minutes of arrival. They further state that any abnormal parameters must result in a repeat set of observations within 60 minutes. This was not met in any of the cases we reviewed
- Patients at risk of sepsis were not always identified and managed effectively and in a timely way. There was an absence of sepsis screening despite patients being in the ED for over 24 hours. This meant that key interventions recommended by NICE, which are required to minimise risk of harm and death, were not implemented in a timely way. In some

cases, patients waited 12 hours for their first dose of antibiotics despite being diagnosed with sepsis. In other cases, required blood tests were not taken and oxygen was not administered as needed

- There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital which meant there were insufficient numbers of spaces to move patients into. This meant that some patients were spending in excess of 48 hours in the department. The staff in the department are not trained or used to managing patients who are past the initial urgent stage of their treatment. In addition, the department is not set up to accommodate patients for this length of time. These issues significantly impacted on patient safety, experience and dignity
- During out of hours periods, staff were consistently under pressure from site managers and senior managers to make space for patients. This included pressure to place adult patients in the paediatric area. This presents a significant child safety and safeguarding risk
- Multiple patients with time critical and high-risk conditions were having to sit on chairs in the waiting room for long periods, when they should have been cared for on a trolley, or bed, in a more appropriate location.
- There was a lack of space for doctors to examine patients which resulted in significant delays
- There were significant delays in offloading patients from ambulances. These delays meant that ambulances were not available for other emergencies within the community.
- Medication management processes were not sufficiently robust and safe. For example, we found that:
- Medication left unattended on work surfaces. These included fluids containing potassium and tranexamic acid
- Several items of medication were found to be out of date within the fridge in the clean utility area. This fridge also contained several insulin pens and vials of medication prescribed to patients no longer accommodated in the department
- Used eye drops container found in an unattended consulting room
- Gaps in medication storage fridge temperatures records.
- There was not always sufficient staff on duty in order to provide safe and effective care. For example, we found that:
- Nurse staffing remained a significant challenge. There were frequent gaps in rotas from long and short-term absence. This was significantly impacting on staff ability to deliver safe and effective care
- Last minute absences were a frequent occurrence, as were last minute agency and bank staff cancellations. This caused significant challenges for the department and negatively impacted on staff wellbeing and patient safety
- On day two of the inspection the department only had half the establishment of health care assistants and were two nurses short of their complement. We saw evidence that this significantly impacted on

staff wellbeing, patient safety and patient experience. On one occasion there were significant delays in triage of over one hour. A nurse was moved to support with triage and as a result the corridor area where unwell patients were accommodated was left unsupervised. The inspection team were present in this area for over 15 minutes and could not locate staff. Consequently, members of the inspection team had to support a patient who was actively vomiting

- The workload for nursing staff in some areas of the department was excessive and led to them being overburdened. These areas included triage and the waiting/corridor area. This led to them feeling burned out and stressed. It also meant that they were unable to take breaks in a timely way
- The increased workload in these areas meant that staff could not always deliver the care and treatment required. This meant that medication administration and other interventions were delayed or not undertaken.
- In addition to the Immediate Assurance issues above, this is what the service must improve:
- Ensure that patients are kept informed and updated during their journey through the ED
- Improve communication between shifts
- Some aspects of record keeping
- Take steps to ensure that the acuity at front door, due to self-presenting patients, is effectively managed
- Review the requirement for written referrals for cardiac patients in order to speed up the process and avoid unnecessary delays in treatment or discharge
- Take measures to ensure that appropriate treatments are commenced whilst patients are waiting specialist medical/surgical review
- Take steps to ensure the timely administration of medication, in particular antibiotics and pain relief
- Ensure that staff adhere to the health boards medication administration policy and procedures at all times
- Ensure that appropriate risk assessments are undertaken on patients who have been waiting within the ED for long periods e.g pressure area, falls, wounds, bed rails etc
- Move ahead with the review of the standard operating procedure for the Senior Triage, Assessment & Rapid Treatment (START) area
- Ensure that all areas of the department are kept clean and tidy at all times and that used crockery, vomit bowls, urine bottles etc are removed in a timely way and not left on patients' bed trays or on the floor
- Clean blood splatters on walls in a timely way
- Ensure that opened sterile equipment is not placed back in cupboards
- Ensure that computers screens are locked when staff not in attendance to ensure information security
- Review the responsibilities of the nurses working within the waiting room to ensure clarity and ownership of roles

- Continue to encourage staff to attend team meetings.
-
- This is what the service did well:
- Daily medical in-reach to assess patients
- Staff working in the discharge lounge assess and prompt the movement of patients from ED
- Doctors part of staff communication group
- Patient feedback shared with staff
- Learning from incidents and national reviews discussed and implemented
- ED medical staff input
- Slight improvement in documentation
- Improvement in oversight of waiting room
- Separate paediatric area and availability of specialist paediatric consultant nurse and doctor
- Designated pharmacy services within the ED
- Designated occupational therapists and physiotherapists within the ED.

Quality of Management and Leadership

Overall summary:
We were not assured that there was a supportive culture in place which promoted accountability and safe patient care and that the management and leadership was sufficiently focused and robust.

We spoke with a cross-section of staff working in the ED with many telling us that they were unhappy and struggling to cope with their workload. Staff also told us that they did not feel supported by the senior managers outside of ED.

Immediate assurances:
HIW highlighted the following serious issues which required immediate action by the health board to prevent significant harm to patients, members of the public and staff. Please note this list is not exhaustive and full details are contained in Appendix B:

- The culture within the department did not promote accountability and dignified and respectful patient care. For example, we found that:
- There was inconsistency in the approach of senior doctors in terms of their support and willingness to assist out of hours and at times of pressure
- Some staff were rude and hostile during interactions with the inspection team and patients
- A small number of staff were overheard using derogatory language to describe patients

- A small number of staff were resistant to change and negative in their outlook on improvements required. This included nursing staff at band 7 level.
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- In addition to the Immediate Assurance issues above, this is what the service must improve:
- Review and clarify the roles and responsibilities of Band 7 nurses working in the ED
- Ensure that staff are appropriately supported by senior managers outside of ED.
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- This is what the service did well:
- Visibility and leadership of the ED matron
- Weekly governance meetings.
-
- Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we spoke with patients and used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 12 questionnaires were completed. Responses were positive across most areas, with most who answered (7/10) rating the service as 'very good' or 'good'. We received 13 comments about the service and how it could improve. Most improvement suggestions were about waiting times. Comments included:

> ***"Impressed that matron went around waiting room to issue masks to patients…"***
>
> ***"Very happy with treatment."***
>
> ***"Less waiting, more staff."***
>
> ***"Better liaison between shifts."***

Dignified care

Dignified care
All 12 patients who completed HIW questionnaire agreed that staff treated them with dignity and respect.

We observed the vast majority of staff speaking with patients and their relatives in a polite, professional and dignified manner. However, a small number of staff were rude and hostile during interactions with the inspection team and patients were overheard using derogatory language to describe patients.

We found that the dignity of some patients was affected by either lengthy waits within the department or as a result of some patients being accommodated in corridor areas whilst awaiting further assessment or treatment. During the inspection, and although an improvement on what we saw during the previous inspection, we found that some patients had been waiting to be seen by a doctor for over three hours.
Patients' comments included:

> ***"Sleeping in bed on corridor."***
>
> ***"No blankets or pillows offered overnight."***

We found areas of the department were well decorated and appropriate for their intended use, for example the artwork within the paediatric area and the décor of the relatives' room.

Communicating effectively

All but one of the patients who completed the questionnaire told us that they were provided enough information to help them understand their healthcare with most respondents telling us that they were involved as much as they wanted to be in decisions about their healthcare. Comments included:

> ***"It has not been made clear what pathway is. Received tablet for [condition] - unaware had [condition]…"***

We were also told that some staff working within the ED were bilingual (Welsh/English) and that translation services were available for patients who wished to communicate in other languages.

Patient information

Waiting times were displayed on TV monitors in the main waiting area and in the paediatric waiting area. Waiting times were also announced over loudspeaker. There was a flow diagram posted withing the waiting area showing the patient journey through the department. However, patients told us that they were not always kept informed about their journey through the ED and that they were not always aware of what was happening to them with regards care and treatment. **The health board must ensure that staff keep patients informed and updated during their journey through the ED and what will happen to them in terms of care and treatment.**

There was information displayed on minor injuries and detailing appropriate use of ED and signposting to other services.

The majority of the information displayed within the ED was available in both Welsh and English.

Timely care

Timely Access

We found the ED waiting area to be overcrowded throughout the course of inspection. Despite this, other areas of the ED were found to be relatively calm, despite the high number of patients accommodated within these areas.

There were significant challenges in the flow of patients through the department. This was outside of the control of the staff and managers within the department and were mainly due to delays in discharging patients from other areas of the hospital. This meant that some patients were spending in excess of 48 hours in the

department at times. The staff in the department are not trained or used to managing patients who are past the initial urgent stage of their treatment. In addition, the department was not set up to be able to accommodate patients for this length of time. The health board was acutely aware of this issue and were looking at initiatives to improve flow within the hospital. We were told that the process of moving suitable patients into the discharge lounge had improved, with staff working in the discharge lounge alerting staff within ED, in a timely way, when spaces become available.

These issues significantly impacted on patient safety, experience and dignity.

Staff were consistently under pressure from site managers and senior managers during out of hours periods to make space for patients. This included pressure to place adult patients in the paediatric area which is a significant safety and safeguarding risk. staff were firm in their stance to not allow this to happen but on occasion had to call Emergency Quadrant (EQ) managers out of hours to prevent this from happening.

Multiple patients with time critical and high-risk conditions were placed in the waiting room when they should have been in a bedded area. This was due to the severely impaired flow which was outside of the departments control.

As a result of lack of space to see patients there were significant waits to see a doctor.

Speciality support and joint working was very poor despite the best efforts of ED staff. Some speciality doctors were particularly problematic in their approach and un-willingness to work effectively with ED staff. These included urology, medicine and cardiology doctors. As a result, patients were left in pain and suffered delays in their treatment. This also significantly impacted the flow of patients through the ED. In some cases, patients when eventually seen by specialties doctors were discharged immediately after review so would not have required a bed space had they been seen earlier. There were documented incidents where speciality doctors had refused to see patients and were unwilling to support ED. This led to blocks in ED which then resulted in patients being accommodated in inappropriate areas. However, the health board were taking steps to address this with daily in-reach by the hospital medical team to assess and treat patients. It was envisaged that this in-reach process would be extended to cariology and surgical specialities in the near future.

The health board were also looking at reviewing the standard operating procedure for the START area to ensure that assessment and treatment process were effective. **The health board must move ahead with this review without further delay.**

There were delays in offloading patients from ambulances. On the evening of our arrival, we found three ambulances outside of the ED who were waiting to offload patients. We confirmed that clinical staff were aware of the condition of these

patients and appropriate escalation arrangements were in place. This remained a similar pattern throughout the course of the inspection, and some ambulance staff told us that, on occasions, offload times could be excessive.

Just under half of the patients who completed the HIW questionnaire told us that they were assessed by healthcare staff within 30 minutes of their arrival. One patient told us that they had waited in an ambulance for over two hours and a third of respondents (4/12) told us that they had waited less than four hours in total before receiving treatment or being referred on.

These delays meant that ambulances were not able to attend to other emergencies. This was outside of the control of the ED staff and required a rounder and more holistic approach from a health board at board level.

We found that patients waiting in ambulances were well cared for and, when required, ED staff would provide care in the ambulance. Patients would also be brought into the department to start treatment then returned to the ambulance. One example of this was a patient with a hip fracture being brought into the department to be given a nerve blocks to alleviate pain before being returned to the ambulance to await further treatment.

We noted that there was a designated member of staff who was responsible for co-ordinating ambulance waits and who contributes to the ED safety huddles. It was positive to note that there was a concerted effort being made to further reduce ambulance waiting times.

These issues were dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report.

We found that unloading times and the ability of ambulance crews to respond to patients in the community was having a negative effect on the ED front door presentations, with many clinically unwell patients making their own way to the ED. This meant that staff had no prior warning of patient attendance and were unable to ensure that such patients were being received into the most appropriate area of the department for treatment. **The health board must continue to monitor the number of clinically unwell patients self-presenting at ED and take steps to minimise the risk of harm to patients.**

Individual care

Planning care to promote independence

We found that there were multidisciplinary care planning processes in place which took account of patients' views on how they wished to be cared for.

During the inspection, we reviewed the care records of approximately 45 patients and we undertook a desk top review of a further 10 patient care records off-site.

We found significant issues relating to the timely provision of medical and nursing care for many of these patients and the on-going assessment, monitoring, observation and escalation of those who were either unwell or at risk of becoming unwell. For example:

- There were lengthy delays in patients being triaged and this placed patients at significant risk of harm
- These delays exceeded two hours at times and included patients with time critical conditions such as stroke and chest pain. This meant that, in some cases, patients could not be offered time critical interventions due to the delays taking them outside of the recognised critical intervention timescales. This included one patient who had suffered a stroke
- The acuity of patients walking into the department was high. Patients with chest pain, heart problems and stroke were all routinely attending the department. Patients told us that this was due to lack of available ambulances in the community and their lack of confidence that an ambulance would get to them. Some patients told us that they had been asked to make their own way to the department as there were no ambulances available. This resulted in acutely ill patients arriving at ED reception which then resulted in the triage nurses having to provide more interventions and detail gathering which led to delays
- There was a system in place for reception staff to alert triage staff However, this did not always work well, and time critical conditions were missed
- The reception team had not received any training on non-medical triage
- Time critical conditions were not always managed in a safe and effective way. This presented a significant risk of harm to patients
- There was a lack of cohesion and team working between speciality doctors and ED. This was most evident in urology and medical services, where ED doctors experience significant issues in obtaining specialist reviews for patients who required them. In some cases, patients were uninformed, in pain and at risk of harm. This also meant that nursing staff struggled to escalate patients who required specialist review when they deteriorated. This also significantly impacted flow. In some cases, when patients were eventually seen by speciality doctors, they were discharged immediately following review. This meant that they would not have required a bed space had they been seen earlier. There were documented incidents where speciality doctors had refused to see patients and were unwilling to support ED staff. This led to backlog in ED which then resulted in patients being accommodated in inappropriate areas
- Observations were not undertaken at a frequency that would detect deterioration in a patient's condition at an early stage. The National Early Warning System (NEWS) was in place, which is good practice. However, staff were following this to an extreme degree and not using their clinical judgement and deviating when a patient's condition indicated. NEWS scoring is a helpful tool for recognising deterioration in

relatively stable patients. However, due to the unstable and urgent nature of patients presenting to ED clinical judgement needs to be applied alongside this. This includes the use of specific standards and guidelines from professional bodies such as the Royal College of Emergency Medicine (RCEM) and the National Institute for Health and Care Excellence (NICE). The RCEM standards for vital signs state all patients should receive a full set of observations within 20 minutes of arrival. They further state that any abnormal parameters must result in a repeat set of observations within 60 minutes. This was not met in any of the cases we reviewed

- Patients at risk of sepsis were not always identified and managed effectively and in a timely way. There was an absence of sepsis screening despite patients being in the ED for over 24 hours. This meant that key interventions recommended by NICE, which are required to minimise risk of harm and death, were not implemented in a timely way. In some cases, patients waited 12 hours for their first dose of antibiotics despite being diagnosed with sepsis. In other cases, required blood tests were not taken and oxygen was not administered as needed
- There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital which meant there were insufficient numbers of spaces to move patients into. This meant that some patients were spending in excess of 48 hours in the department. The staff in the department are not trained or used to managing patients who are past the initial urgent stage of their treatment. In addition, the department is not set up to accommodate patients for this length of time. These issues significantly impacted on patient safety, experience and dignity
- During out of hours periods, staff were consistently under pressure from site managers and senior managers to make space for patients. This included pressure to place adult patients in the paediatric area. This presents a significant child safety and safeguarding risk
- Multiple patients with time critical and high-risk conditions were having to sit on chairs in the waiting room for long periods, when they should have been cared for on a trolley, or bed, in a more appropriate location.
- There was a lack of space for doctors to examine patients which resulted in significant delays
- There were significant delays in offloading patients from ambulances. These delays meant that ambulances were not available for other emergencies within the community.

These issues were dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report.

We found that there was some improvement in the recording of care interventions and interactions with patients by nursing staff. Observations were recorded, when undertaken, in the appropriate areas of the electronic record. This was a

significant improvement on the last inspection. **However, the health board must continue to monitor the quality of record keeping within the department and remind staff of the need to maintain accurate care documentation.**

Records by doctors working in the ED were also completed as interventions and actions were undertaken. These were clear and easy to follow and read. Again, this was a significant improvement on the last inspection.

However, records did not routinely contain entries from speciality teams, and this made it difficult to follow the entirety of the patient journey through the ED. We also saw entries on more than one patient record stating that speciality staff had either refused or did not have time to document their interventions. **The health board must ensure that all staff maintain accurate records of the interactions with patients and the care provided.**

People's rights
We saw that staff were striving to provide care in a way that promoted and protected people's rights.

Listening and learning from feedback
Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face-to-face discussions with staff.

There were formal systems in place for managing complaints and there was a formal complaints procedure in place which was compliant with Putting Things Right.

Notices were posted within the ED informing patients and visitors about the action taken by the health board as a result of the concerns or suggestions made.

We were told that patient feedback was shared with staff, together with learning from incidents and national reviews, in order to improve the service.

A communication group has been set up to aid in the sharing of information between staff.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety
Not all risks to health and safety within the ED were managed appropriately. For example, we found that:

- There was a lack of oversight of the waiting area by more senior staff, particularly when there was no qualified nurse covering this role
- Self-harm and suicide risk assessments were not always completed for patients presenting with these issues
- Storage cupboards were unlocked and unsecured throughout the inspection. One cupboard contained scalpels
- Dirty and clean utility rooms, which contained bleach and other substances hazardous to health, were unlocked and accessible to members of the public
- Automatic doors leading to the ambulance bay and resuscitation area were not working. This presented a risk of unauthorised access
- Consultation rooms and connecting doors were unlocked, presenting a risk of unauthorised access from the waiting room into the main department.

These issues were dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report.
We found improved oversight of the waiting area including a registered nurse allocated to the front door. When there was no nurse available, a health care assistant (HCA) was assigned to this role. There was a lack of oversight from more senior staff of the waiting area, particularly when the nurse role was not always filled. **The health board must review the responsibilities of the staff working within the waiting room to ensure clarity and ownership of roles.**

We found that general risk assessments were being completed. This was an improvement on the last inspection.

Specific paper-based risk assessments were used for some conditions. For example, a chest pain assessment proforma and fractured neck of femur assessment. This was positive practice and ensured that patients with specific presentations received evidence based and consistent care.

Preventing pressure and tissue damage
We found that pressure area risk assessments were available to staff to complete using a recently implemented patient records management system. However, we found that pressure area risks assessments were not undertaken routinely for patients who had been in the department for over 24 hours. This exposed patients to risk of harm and meant mitigations were not always put in place. **The health board must ensure that pressure area risk assessments are undertaken routinely for patients who had been in the department for over 24 hours.**

Falls prevention
We found that falls risk assessments were available to staff to complete using a recently implemented patient records management system. However, we found that falls risks assessments were not undertaken routinely for patients who had been in the department for over 24 hours. This exposed patients to risk of harm and meant mitigations were not always put in place. **The health board must ensure that falls risk assessments are undertaken routinely for patients who had been in the department for over 24 hours.**

Infection prevention and control
There were policies and procedures in place to manage the risk of cross infection.

Cleaning staff were visible within the department throughout the course of the inspection and, on discussion, demonstrated pride in their work. However, we found some issues in relation to general housekeeping that required improvement. For example, the clearing up of used crockery, cleaning of blood splatter on walls and timely disposal of vomit bowls and urine bottles. **The health board must ensure that the ED is kept clean and tidy at all times in order to reduce the risk of cross infection and harm to patients, staff visitors.**

We also found items of sterile equipment that had been opened and placed back in a store cupboard. **The health board must ensure that used sterile equipment is disposed of appropriately in order to reduce the risk of cross infection.**

Nutrition and hydration
Patients were able to access food and drink, and the nutrition and hydration needs of patients were generally met within the department. This included patients who were being held on ambulances outside of the ED. Patients who required assistance were seen to be supported by staff and the Red Cross volunteers.

Medicines management
We found that medication management processes were not sufficiently robust and safe. For example, we found:

- Medication left unattended on work surfaces. These included fluids containing potassium and tranexamic acid

- Several items of medication were found to be out of date within the fridge in the clean utility area. This fridge also several insulin pens and vials of medication prescribed to patients no longer accommodated in the department
- Used eye drops container found in an unattended consulting room
- Gaps in medication storage fridge temperatures records.

These issues were dealt with under HIW's immediate assurance process and is referred to Appendix B of this report.

Medication administration charts were generally completed correctly by the nursing staff. However, we observed staff administering medication to patients but not staying with the patient to confirm that the medication had been taken. This was in contravention of the health board's medication administration policy. **The health board must ensure that staff always adhere to the medication administration policy.**

We found evidence of delay in the administration of pain relief and formal assessments not always undertaken in respect of the needs of vulnerable or confused patients. **The health board must ensure that vulnerable patients are formally assessed in respect of the need for pain relief and that pain relief medication is prescribed and administered in a timely way.**

We also highlighted some delays in the administration of antibiotics. **The health board must ensure that antibiotics are prescribed and administered in a timely way.**

There was a dedicated pharmacist within the department and support was available out of hours if required. This included suitable arrangements for accessing medicines.

Medication storage fridge temperatures were checked and recorded on a daily basis.

Safeguarding children and safeguarding adults at risk
The staff we spoke with demonstrated a satisfactory knowledge of matters relating to safeguarding, deprivation of liberty safeguards and mental capacity. However, the arrangements for following up and safeguarding patients who did not wait were insufficient to ensure their safety. We found that a patient had left the department without being assessed or treated by staff. There was no risk assessment in place and no record of why the patient did not wait and what actions were undertaken after the patient left the department.

This issue was dealt with under HIW's immediate assurance process and is referred to Appendix B of this report.

Effective care

Safe and clinically effective care

As was the case during the previous inspection, we found evidence of good medical leadership in the ED and the medical notes that we reviewed were generally of a good standard. We spoke to a number of clinical staff across the ED and all demonstrated a desire to provide patients with a good standard of care.

However, we found that specialist medical staff within the wider hospital, were failing to respond in a timely way to the needs of acutely unwell and deteriorating high risk patients. We also found that opportunities were being missed to commence treatments whilst awaiting specialist assessments. **The health board must ensure that appropriate treatments are commenced whilst patients are awaiting specialist assessments.**

We were told that requests for cardiac speciality assessments were being made in writing and that this caused delays in response and treatment. Some patients were waiting up to two days for assessment by the cardiology team before treatment was commenced or in some cases, being moved out of the ED or discharged. Not only did this impact negatively on the quality of care provided to patients but it also added to the pressure on available bed space within the ED. **The health board must review the cariology referral process to ensure that it is effective in meeting the needs of patients.**

We found that there was generally good communication between staff working within the ED. **However, the health board must ensure that the sharing of information during shift handover meetings is detailed and effective.**

Information governance and communications technology

An electronic patient management and records system was in use within the ED. Staff, in general, commented positively on the system, and we noted some improvement in staff use of the system compared to the previous inspection. However, we found some computer screens left unlocked when not in use. **The health board must ensure that staff lock computer screens when not in use to prevent unauthorised access to confidential information.**

Electronic board round monitors were in used in the ED to help support the efficient care and treatment of patients.

Record keeping

As previously mentioned, we noted some improvement in the quality of the record keeping across the ED. However, there remains to be scope for improvement and further monitoring by the health board.

Quality of Management and Leadership

Governance, Leadership and Accountability

We found general improvement in the site leadership and oversight, and it was evident that the site leadership team was committed to further improving the service and that they responded positively to the challenges presented working hard to change entrenched poor practice and cultural issues. However, some areas of the service remain in need of improvement and continue to present a risk to patients' health and welfare.

The new head of nursing for the ED was effective and visible.

We found that there were formal auditing, reporting and escalation processes in place within the ED. However, as evidenced during the inspection, these processes were not sufficiently robust and were not effective in highlighting and addressing issues of concern. We were concerned that senior managers were unaware of some of the very significant issues that we found during the inspection.

We spoke with a cross-section of staff working in the ED, with many telling us that they were unhappy and struggling to cope with their workload. Staff also told us that they did not feel supported by the senior managers within the hospital. However, staff spoke positively about the support that they received from the ED Matron. **The Health Board must ensure that staff are appropriately supported by senior managers outside of ED.**

We found that there was some general improvement in the culture within the ED compared to the last inspection. However, there were still issues of resistance to change and lack of accountability by a small number of staff this included staff at band 7 level. This often undermined the hard work undertaken by the rest of the ED team.

Some staff were rude and hostile during interactions with the inspection team and a small number of staff were overheard using derogatory language to describe patients.

These issues were dealt with under HIW's immediate assurance process and are referred to in Appendix B of this report.

Workforce

Nurse staffing remained a significant challenge. There were frequent gaps in rotas due to both long and short-term absence. This was significantly impacting on staff ability to deliver safe and effective care.

Last minute absences were a frequent occurrence, so to last minute cancellations by agency and bank. This caused significant challenges for the department and negatively impacted on staff wellbeing and patient safety.

On day two of the inspection the department only had half the establishment of healthcare assistants and were two nurses short of their complement. We saw evidence that this significantly impacted on staff wellbeing, patient safety and patient experience. On one occasion, this resulted in significant delays in triage of over one hour. A nurse was moved to support with triage and, as a result, the corridor area where unwell patients were accommodated was left unsupervised. The inspection team were present for over 15 minutes and could not locate staff. As a result, members of the inspection team had to support a patient who was unwell. In addition, there were other patients waiting in this corridor with conditions liable to deterioration, mobility issues and vomiting.

We also saw that patients accommodated in this corridor area still had their uneaten breakfast in front of them at 12.00noon. Some patients were also seen slipping down in their chairs.

Staff were stressed and tearful at times due to the level of pressure the reduced staffing and acuity of patients was having on them.

There had been a recent recruitment drive and a number of nursing staff had been recruited. Recruitment was ongoing at the time of inspection. We were advised that the Director of Nursing was due to undertake a review of staffing in emergency departments across the health board.

Senior staff within the department advised that they felt frustrated by the challenges from senior finance staff when they requested additional resources. An example given was the recruitment of HCAs. It was clear from the inspection that additional HCA support was required. This had been recognised by the department managers and the site team. However, challenges from more senior board level on the use of finances had been a barrier in recruiting more HCA staff. This had led to increased levels of agency staff which was an even larger financial burden and a higher risk of cancellation.

The workload for nursing staff, in some areas of the department, was excessive and led to them being overburdened. These areas included triage and the waiting/corridor area. This led to them feeling burned out and stressed. It also meant that they were unable to take breaks in a timely way.

The increased workload in these areas meant that staff could not always deliver the care and treatment required. This meant that medication administration and other interventions were delayed or not undertaken.

The health board must continue with its efforts to recruit permanent staff.

There were effective induction and orientation processes in place for agency and bank staff.

There were good processes to in place to ensure that information was shared and understood by staff, including alerts and bulletins. However, we were told that staff attendances at team meetings was poor. **The health board must continue with its efforts to ensure that staff attend team meetings on a regular basis.**

Most of the staff members we spoke with were very positive about working in the department and were committed to improving the quality of care provided.

Staff told us that the local ED leadership team were visible and approachable and that the Matron frequently worked alongside staff to assist them in times of increased pressure. However, staff told us that they did not feel supported by the senior managers outside of ED.

In addition to holding face to face discussions with staff, HIW issued an online survey to obtain staff views on the ED. In total, we received 25 responses.

Responses from staff were generally mixed, with three-fifths (15/25) being satisfied with the quality of care and support they give to patients, over two-thirds (17/25) agreeing that they would be happy with the standard of care provided by their hospital for themselves or for friends and family, and over half (14/24) recommending their organisation as a place to work. We asked staff how the department could improve the service it provides; some comments are below:

> ***"Streaming at front door when people attend ED; instead of using ED encourage to use minor injuries, GP, pharmacy, etc."***
>
> ***"More hospital flow so ED isn't so overwhelmed with medical/surgical patients…"***
>
> ***"Fully staff ED with well-trained permanent staff … stop taking staff from ED to staff wards"***
>
> ***"Over the last few months we have been under significant scrutiny and have pulled together as a shop floor team to improve the things that we are able to improve."***
>
> ***"… whilst the HIW findings have brought about much change in terms of the environment we work in, there remains a disparity between the shop floor staff and management beyond the department who do not understand or appreciate the demands that are placed on ED staff every single shift."***

There was a training and development program in place supported by a practice development nurse based in the ED.

The practice development nurse was proactive and worked effectively to address areas of improvement.

Compliance data showed a significant improvement on mandatory training.

Just over two-thirds (17/25) said they had full training on all areas within the department. Comments included:

> ***"We have lots of new band 5 starters and at times end up with not a great skill mix on shift. Having said this our training is now really good and those new starters have had the training opportunities to give them the best knowledge they can."***
>
> ***"One short induction to the whole unit, 1 hour total. Still finding things out on how / where to do things…"***
>
> ***"There is not adequate professional development opportunities in clinical practice, this effects retention of permanent staff."***

Less than half (11/25) of staff who completed the survey felt facilities within the Emergency Department were appropriate for them to carry out their specific tasks and just under a quarter (6/25) of respondents thought the environment was appropriate in ensuring patients received the care they required.

Hardly any (4/25) of staff felt there were enough staff for them to do their job properly with less than half (11/25) telling us that they have adequate materials, supplies and equipment to do their work.

Just over half (13/25) thought patients' privacy and dignity was maintained. Comments included:

> ***"Not enough: space, examination rooms, computers, staff."***
>
> ***"Long waits on corridor + ambulances make it impossible to provide adequate care for patients where very regular patients are left on chairs for 24-36 hours at a time without toileting facilities, adequate staffing, adequate meals, privacy, dignity."***
>
> ***"I feel that this ED provides excellent care to patients in very difficult times."***
>
> ***"There is an inherent understanding within the clinical team that patient need and safety is paramount, and risk assessments are made continuously - however, the ask from management is to do things on the basis of achieving a metric outcome a NOT patient focussed one."***

Two-thirds (14/21) of staff who completed the survey said that the organisation treats staff who are involved in an error, near miss or incident fairly with most staff (19/22) telling us that they would feel secure raising concerns about unsafe clinical practice. However, only 6 out of the 22 respondents said that they were confident their concerns would be addressed. Comments included:

> ***"We exist in a constant state of major incident (demand outstripping supply), and our concerns are raised time and time and time again - yet either ignored or undermined or worse - we are patronised."***

The health board must reflect on the less favourable staff responses to some of the questions in the HIW online survey, as noted in the Quality of Management

and Leadership section of this report and take action to address the issues highlighted.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Emergency Department Ysbyty Glan Clwyd

Date of inspection: 28, 29 and 30 November 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
HIW requires details of how the health board will ensure that there are measures in place to ensure risks to patient safety are assessed and mitigated.	**Standard 2.1** Managing Risk and Promoting Health and Safety	*Waiting area* - Conduct immediate and daily ongoing review of rotas and review registrant levels for each critical area. Immediate escalation if levels are not at core levels. Escalation should be to Matron/HON in hours and Clinical Site Manager & Bronze on call out of hours. Upon escalation, the following actions will be taken: - Staffing across site to be reviewed and see if redeployment is possible to mitigate risk.		09 December 2022

		- Review of any staff on non clinical duty who could be pulled to support clinical acuity. - Review additional support available from site. *Self harm and suicide risk assessments* –		
		Assessments are conducted where clinically indicated when patients present with self harm/suicide ideations.	Head of Nursing - ED	09 December 2022
		Training to be delivered by Symphony System Administrators for staff on the use of built-in risk assessment for suicide and self-harm on Symphony.	Symphony System Administrator	31 January 2023
		Formal support/education/training and awareness to be delivered by Mental Health Division.	Consultant Nurse - ED	31 January 2023
		Include the completion of *self-harm and suicide risk assessments* within the reviewed audit cycle for ED (5 records taking place each day currently).	Head of Nursing – ED	16 December 2022

	Risk assessments for pressure damage and falls – Assessments are recorded in the Symphony system. The falls and pressure area risk assessment facility is displayed in a prominent position on the system for staff to complete. In addition, when clinicians come to treat a patient, they can select the 'E-view' functionality which provides a simple overview of all relevant information including any risk assessments undertaken. On review of the Symphony system, there is evidence that risk assessments are completed (attached audit). Staff training and awareness will continue to ensure that these are completed on all patients that clinically require an assessment of their risk. Compliance of risk assessment/record keeping audits to be uploaded to Symphony for report analysis. Once completed the following actions will be taken:	Head of Nursing – ED	Completed

	- Monitor compliance and improvements - Share info with teams. *Storage cupboards* – Storage cupboards will be locked and secured - Communication has been sent to all staff working in the area reaffirming the importance of locking cupboards. Laminated posters will be displayed on all cupboards alerting staff to the importance of locking them. An enhanced environmental audit cycle is being developed which will include 3 x daily environmental checks. Each check will specifically include whether cupboards are securely locked. Completed 3 x daily audits will be submitted on a weekly basis to the HMT for assurance. *Dirty and clean utility rooms* –	Head of Nursing - ED Head of Nursing - ED Head of Nursing - ED Nurse in Charge to undertake checks Director of Operations	Completed 09 December 2022 Enhanced audit (attached) to go to first HMT on 09 December 2022

	Request to estates to review locking mechanism on dirty and clean and dirty utility rooms as current mechanism is failing. Following assessment by estates of the mechanism, consider next steps.	Director of Operations	Awaiting assessment from Estates
	Automatic doors –		
	Doors between ambulance bay and resus – A request has been made to estates to replace the motor ED/automatic door. Estates are awaiting parts which are on order and will be fitted once received.	Head of Nursing – ED	Awaiting parts
	Consultation rooms –	Head of Nursing – ED	
	Doors leading from the waiting areas (resus corridor, main corridor and START corridor) into the main department will be kept locked.	Head of Nursing - ED	Completed
	An enhanced environmental audit cycle is being developed which will include comprise 3 x daily audit checks which will be submitted on a weekly basis to the HMT for assurance.		Completed

		Laminated signs have been put up and importance of compliance communicated to staff.		
The health board must provide HIW with details of the action to be taken to ensure consistent monitoring and recording of visual and physiological observations.	**Standard 5.1** Timely Access	*Observations* – Policy to be amended to reflect RCHEM guidance. Revised policy to be sent to all staff. As RNs and HCSWs were adhering to observation policy but not using their clinical judgement to alter the frequency of observations. Nurse consultant, in conjunction with the Practice Development Nurse, will implement the Royal College of Emergency Medicine observation Guidelines. The registrant will document in the patient records the rationale for frequency of observations. Amend record keeping audit to reflect RCEM guidance. Daily audits to be submitted to HMT on a weekly basis to provide assurance around compliance.	ED Practice Development Nurse ED Nurse Consultant and Practice Development Nurse Head of Nursing - ED Head of Nursing – ED	09 December 2022 28 February 2023 09 December 2022 09 December 2022

The health board must provide HIW with details of the action taken to ensure that patients considered high risk due to their presenting conditions are escalated so that they receive appropriate and timely intervention.		*Triage –* • There will be a review of medical and nursing staffing in ED to ensure appropriate staffing levels for current anticipated demand.	Head of Nursing – ED and Directorate General Manager	16 December 2022
		• Recruit to existing vacancies against current staffing model.	Head of Nursing – ED and Directorate General Manager	31 January 2023
		• Extended Non-medical triage training, to be delivered to reception staff, specifically to include stroke recognition.	ED Nurse Consultant	31 January 2023
		• The trained reception staff will support the Registered Nurse in the waiting area to recognise time-critical presentations.	ED Nurse Consultant	31 January 2023
		• Pathways are currently in place for stroke and chest pain. These will be reviewed to establish how these patients are managed in	Clinical Director/Head of Nursing – ED	31 December 2022

		the department, even in the event of triage delays. • In the longer term, there will be the delivery of a safety campaign for all staff around key patient safety and time critical pathways, which will be supported by safety huddles. • Review existing SOP to the senior triage and rapid treatment (START) model. • The dept will utilise real time data from the YGC ED dashboard to inform escalation processes and resource allocation. • YGC ED dashboard will be displayed in the department to visibly flag patients. A review of this dashboard will be included in the amended 3 times a day audit. Completed daily audits will be submitted on a weekly basis to the HMT for assurance.	Clinical Director Head of Nursing – ED Director of Operations Head of Nursing – ED	31 March 2023 16 December 2022 09 December 2022 16 December 2022

		• ED operational dashboard will be displayed continuously within sight of the nurse in charge to monitor in real time in delays that may be building in clinical areas such as triage and this will be formally reviewed throughout the day at safety huddles.	Head of Nursing – ED	16 December 2022
		• Review 2 hourly safety huddles to ensure these are timely, monitored and recorded electronically (and flagging / escalating of patients).	Head of Nursing – ED	Completed
		• A local Clinical Advisory Group to be formed to prioritise high volume specifically and implement review process.	Associate Director of Nursing/ Medical Director	First meeting Jan 23
		• Scope the requirement for additional HCSWs in ED to support the delivery of care.	Head of Nursing – ED Head of Nursing - ED	16 December 2022 16 December 2022

		• Develop use of a model for triage escalation.	Head of Nursing – ED	16 December 2022
		• Additional staffing to be re-deployed to triage when needed, triggered by triage standard/model.	Head of Nursing – ED	16 December 2022
		• Each shift, a member of staff to support triage as needed.	Medical Director	
		Management of deteriorating patients:		31 January 2023
		• Meeting to be held with all specialities chaired by Medical Director to inform improved communication from specialities within ED. In addition, medical specialities will be required to attend the BCU communication course.	Medical Director	31 January 2023
		• Internal Standards Document (attached) sets the standards for specialities to interact with each other. There will be a series of meetings with Clinical Leads to		

		re-enforce the standards outlined in the aforementioned document. • The Clinical Directors are requested to take the attached document to the clinical leads and the clinicians - both consultants and registrars asap. Doctor Siva (ED) is going to audit the complaints of IPS on a monthly basis and report to HMT.	Medical Director	31 January 2023
		Sepsis screening: • Review training package (timely recognition of a sepsis patient) and escalation around sepsis - as part of SOP work. • Sepsis Lead is working with Deputy Executive Medical Director to have a digital tool across BCUHB to monitor and report sepsis management complaints again monthly audits	Sepsis Lead – ED Sepsis Lead – ED	Immediate 31Janaury 2023

		which will be submitted to HMT via Clinical Effectiveness Group. • Audit of completion of sepsis screening tool to be included in audit cycle against NICE standards. • Staff will be shown how to use the built in screening tool within Symphony and rates of usage of this will be monitored. Further training will be delivered on the use of the Symphony tool to ensure full take up. • Incorporate all of above into daily safety huddles. *Patient Flow* – • "Right patient, right place" programme underway will be expedited. Initial meeting to take place with site management and ED staff to share learning around flow.	Head of Nursing - ED Head of Nursing - ED Head of Nursing – ED Head of Site Management Director of Operations	16 December 2022 16 December 2022 09 December 2022 23 December 2022 16 December 2022

		• Increase utilisation of discharge lounge. Target 80% of discharges through lounge, service currently at 40%. Details/plan of how this will be achieved to follow. • Expedite appointment of band 5 discharge lounge pharmacy technician. • Paediatric area will NOT be used for adult patients from immediate effect and all on-call managers to be made aware. • Conduct wider review of accommodation/full capacity protocol, including consideration of ring-fencing	Patient Safety Lead Pharmacist Director of Operations Executive Director of Nursing/ Directors of Nursing	09 December 2022 16 December 2022 31 January 2023
The health board must provide HIW with details of how it will ensure that medication is stored in line with regulations, national and local guide lines, standards and policies, and that there is a	**Standard 2.6** Medicines Management	Nurse in charge to ensure compliance with checklist for checking fridge at regular intervals throughout the day. Add to 3 x daily audit cycle. Completed daily audits will be submitted on a weekly basis to the HMT.	Nurse in Charge/ Head of Nursing - ED	16 December 2022

robust process in place to check expiry dates of medication.		Scope purchase of Tutella for ED	Patient Safety Lead Pharmacist	31 December 2022
		Complete education programme (Medicines Management training) for all staff working in ED. Target is 100% of staff.	Lead EQ Pharmacist and Practice Development Nurse	31 January 2023
		Recruit into 7 day medicines house-keeper role in ED – this role will increase the transfer of patients own medicines, support expiry date checks, general medicines management housekeeping). Commencement of employment is scheduled for 16th Dec 22.	Patient Safety Lead Pharmacist	16 December 2022
		Increase visibility of medicines management team in dept – implementing 5 days 9-5pm services with additional input over the weekend.	Patient Safety Lead Pharmacist	16 December 2022
		All staff from departments in YGC will be directed not to leave used or unused medicines unattended on work surfaces. The checking of areas will be part of the 3 x daily audit which will be	Head of Nursing - ED	16 December 2022

		submitted to the HMT on a weekly basis.		
		Medicine safety – display of laminated signage enforcing /communicating zero tolerance, empowering staff to challenge others	Head of Nursing - ED	09 December 2022
		Review SOP of pharmacy expiry on stock of medicines in all areas and specifically for ED.	Patient Safety Lead Pharmacist	20 December 2022
		Registrants will be reminded of professional responsibility around the control of medicines	Head of Nursing – ED/Chief Pharmacist	09 December 2022
HIW requires details of how the health board will ensure that there is sufficient staff on duty at all times.	**Governance and Leadership** **Standard 7.1** Workforce	Immediate review of staffing and rotas and ensure appropriate staffing levels are in place for each critical area. Ongoing daily reviews with immediate escalation if levels are not at core levels. Ongoing daily reviews.	Head of Nursing – ED/Nurse in Charge	09 December 2022
		Immediate implementation of health board policy when agency worker does not attend/late cancellation.	Head of Nursing – ED	09 December 2022

		Ensure roster completion is within the current KPI timeframes.	Head of Nursing – ED	09 December 2022
		Ensure staffing shortfalls are sent to bank and agency in a timely manner.	Head of Nursing – ED	09 December 2022
		Ensure skill mix is reviewed daily by senior nursing staff.	Head of Nursing – ED	16 December 2022
		Scope the requirement for additional HCSWs in ED to support the delivery of care.	Head of Nursing – ED	16 December 2022
		Utilise safe care to guide redevelopment of staff and NSA to underpin requirement for safe staffing levels.	Head of Nursing – ED	16 December 2022
HIW requires assurance from the health board that our findings are not indicative of a systemic failure to provide safe, effective and dignified care across all services.		Organisational Development programme to be developed. Head of Workforce to discuss with managers and leaders in ED to see how workforce can support. This work will link in with the wider BCU Together Stronger Strategy.	Head of Workforce- Central IHC	31 January 2023
		Priority given to setting up the IHC People and Cultures Group chaired by	Acting Clinical Director of Therapy Services	31 January 2023

	Acting Clinical Director of Therapy Services.		
	Improved communication with patients to ensure they are informed of what is happening.	Head of Nursing – ED/Clinical Director	31 December 2022
	PALS have been working closely with ED since March 22, 3 times a week but this work has been paused. Request to re-start this work to be made.	Head of Nursing - ED	16 December 2022
	There will be a zero tolerance of unacceptable behaviour. Repeated behaviours will be challenged in accordance with BCUHB policy and re-enforced via safety huddles.	Head of Nursing – ED/Clinical Director/ Directorate General Manager	16 December 2022
	Further cascade of the 'Speak Out Safely' process across all staff in ED.	Head of Nursing – ED/Clinical Director/Directorate General Manager	16 December 2022
	Share Direct Clinical Care (DCC) guidance with all consultants working in ED to ensure all consultant are fully aware of their roles and responsibility in the event of escalation.	Medical Director	09 December 2022

	In the event of non-compliance with these guidelines, further action will be taken on an individual basis.	Head of Nursing – ED/Clinical Director/ Directorate General Manager	Immediate
	Encourage attendance at the Effective Communication course for all those working in ED.	Head of Nursing – ED/Clinical Director/Directorate General Manager	16 December 2022
	Implement values based recruitment.	Head of Workforce/ Clinical Director/Head of Nursing – ED/Directorate General Manager	31 December 2022
	Increase visibility of the IHC management team and Executive DON, role modelling behaviours expected and being a visible presence to support teams.	Executive Director of Nursing and Midwifery/IHC Directors	12 December 2022

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): **Libby Ryan-Davies**

Job role: **Central IHC Director**

Date: **08 December 2022**

2nd - Immediate improvement plan completed following desk-top review of patients' notes

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board must provide HIW with details of the action taken to ensure that patients presenting with adrenal deficiencies receive appropriate and timely intervention.	**Standard 5.1** Timely Access	- BCU guidelines for emergency management of adrenal crisis in adults protocol approved at Drug & Therapeutics committee on 01.02.23. This will be distributed. - Confirm with all clinicians working in the Emergency Department how / where to access national and local standards including National Institute for Health and Care Excellence (NICE) guidelines and Royal College of Emergency Medicine (RCEM) guidance. - Audit of all patients admitted with adrenal insufficiency between 01.12.22 and 31.01.23 to establish whether patients received assessment and managements in line	Emergency Department Lead Pharmacist Emergency Department Head of Nursing Clinical Director Emergency Care	28.02.23 17.02.23 31.03.23

		with national guidance and standards. On completion and analysis of audit, an action plan will be developed to address any improvements required and a date for a re audit agreed. Snap Shot Audit (May and June 2023) of clinicians working in Emergency Department to determine if they are able to describe how / where to access national and local standards including National Institute for Health and Care Excellence (NICE) guidelines and Royal College of Emergency Medicine (RCEM) guidance.	Clinical Director Emergency Care	30.6.23
The health board must ensure that there are robust processes in place to manage, assess, record and report incidents when patients leave the department without being assessed or those who leave against medical advice.	**Standard 2.7** Safeguarding Children and Safeguarding Adults at Risk	- Immediately develop a flowchart to include low, moderate and high risk patients that do not wait to be seen, to instruct staff on the appropriate action to take when patients leave the department without being assessed, or those that leave against medical advice. - Develop a comprehensive Standard Operating Procedure to describe the	ED Nurse Consultant	17.02.23 28.02.23

		management, assessment, recording and reporting of incidents of patients who leave the department without being assessed and those that leave against medical advice, to ensure the safeguarding of children and adults at risk. - Undertake an audit to review all patients that left the department without being seen that month between 1st and 31st January 2023. On completion and analysis of audit, an action plan will be developed to address any improvements required and a date for a re audit agreed.	Directorate General Manager ED Nurse Consultant ED Nurse Consultant	28.02.23 31.03.23

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Libby Ryan-Davies

Job role: Central IHC Director

Date: 09.02.23

Appendix C – Improvement plan

Service: **Emergency Department, Ysbyty Glan Clwyd**

Date of inspection: **28, 29 and 30 November 2022**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	**Standard/ Regulation**	**Service action**	**Responsible officer**	**Timescale**
The health board must ensure that staff keep patients informed and updated during their journey through the ED and what will happen to them in terms of care and treatment.	**Standard 3.2** Communicating Effectively	This improvement point links in to action MD6/2 of the immediate assurance action plan. Emergency Department (ED)/Patient Advice and Liaison Service (PALS) collaborative working: - All chairs in the ED waiting room have a QR code attached to them so that patients, relatives and carers have the opportunity to	ED Matron	30.06.23

		provide feedback to BCUHB at any point of their patient journey. As a result, an increase in feedback captured on our Civica system has been received. - A PALS member of staff visits ED on a daily basis to provide a PALS presence, speaking and interacting with patients who are waiting to be seen. This provides PALS with an opportunity to resolve any enquiries prior to escalation, which is commonly known as early resolution. - PALS feedback contact cards are distributed to encourage communication from patients, relatives and carers and to tell us what went well during their respective visits and what could be improved. - The PALS team have consistently visited the Emergency Department to undertake Care2Share discovery interviews on a fortnightly basis since		

		October 2022 (where staffing has permitted), with information being shared with staff upon completion of interactions with patients relatives and carers. The You Said We Did learning is identified as a result of the feedback collected after the interviews and is displayed within the waiting area. - Demonstration of PALS enquiries after a sustained package of support over the last 12 months to be provided. - Themes and trends from ED enquiries centre around negative communication and as a service, along with PALS daily presence and discovery interviews, PALS to provide the staff with the information we have to support service improvement. From a PALS perspective, in response to the primary themes, a Patient & Carer Awareness session has been developed		

		to provide real life examples, scenarios and solutions to staff and delivered at the Emergency Department on seven occasions to frontline. - During January 2023, PALS Officers supported a feedback/satisfaction week prior to the ED See/Treat pilot programme. The purpose was to measure the efficiency of the new programme and to provide feedback for the Programme Managers. - Patient & Carer Experience Manager to attend a monthly ED Quality & Governance Meeting organised by the ED Head of Nursing. PALS to submit and present a report to the meeting, which includes all current themes and trends, positive feedback examples and satisfaction statistics along with any recent PALS activity.		

		- Continue engagement with PALS Team to provide timely patient feedback. - Demonstrate reduction in complaints. - The ED Team have displayed QR codes throughout the department; these link to patient information leaflets recommended by Public Health Wales. In addition there is a link provided for patients to raise concerns or provide feedback.		
The health board must move ahead with this review of the START area without further delay.	**Standard 3.1** Safe and Clinically Effective care	ED have moved ahead with the review of the START area. Estates works have commenced on 13.03.23 to improve the triage area to support the 'See and Treat' Model. This will ensure that the triage nurse and a senior decision maker work side by side to ensure patients are appropriately managed and	ED Clinical Lead ED Matron	31.05.23

		referred/escalated where appropriate. Further work is ongoing as part of the Journey to Excellence work, however it is not currently a live project and we plan that this work will go into a second pilot phase by May 2023. The Journey to Excellence will continue to provide governance and support for the ongoing review of the START area. The Journey to Excellence work reports into the monthly Integrated Health Community (IHC) Transformation Group.		
The health board must continue to monitor the number of clinically unwell patients self-presenting at ED and take steps to minimise the risk of harm to patients.		There are two improvement projects (4 hour and 12 hour performance projects) monitoring patient journeys through the Emergency Department. Each have an improvement plan, action tracker and direct reporting into the Hospital Management Team (HMT) meeting on a monthly	EQ Speciality Manager	31.03.23 and ongoing

		basis. Both projects started at the beginning of February 2023. The 4 hour project is analysing patient's presenting conditions, time to triage, time to clinician, time to referral if required and discharge outcome, this improvement work continues to improve the overall safety and care of patients attending the Emergency Department. Patients are asked about their presenting complaints and related questions when booking in to the emergency department. Where patients experiencing are chest pain, mental health, stroke and infection, a specific symbol is created by the Symphony system used in ED, which alerts the triage nurse to those patients who require prioritisation. This is being audited by the EQ Speciality Manager and is presented weekly at Hospital Management Team.		

		The reception staff have received red flag training to understand the signs and symptoms of time critical conditions and follow a process of altering the triage nurse or Nurse in Charge or in an emergency pulling the emergency bell.		
The health board must review the responsibilities of the staff working within the waiting room to ensure clarity and ownership of roles.		There are clear roles, expectations and responsibilities for the staff working within the waiting room (which is not a core staff group). - All staff will be re-issued with cue cards which explain roles, expectations and responsibilities. Staff log to be completed. - The Nurse in Charge, with the support of the Medical Team Leader, regularly "walk" the department, every 2-3 hours to monitor acuity and have an oversight of the department. Any	Head of Nursing - ED	30.06.23

		clinical concerns will be escalated to manager of the day or site management, as appropriate.		
The health board must ensure that the sharing of information during shift handover meetings is detailed and effective.		- During night time to day time and day time to night time handovers, the shift log will be used to ensure information shared is detailed and effective. Information will include areas of concern (e.g. staffing, infection risk) and patient acuity. - The information captured in the morning handover will be used to inform and escalate issues to the site huddle. - The EQ Head of Nursing will attend the morning site huddle to monitor the detail and effectiveness of the handover Information.	Head of Nursing - ED	31.03.23

		- The medical team leader facilitates the handover for all doctors 3 times a day.		
The health board must ensure that pressure area risk assessments are undertaken routinely for patients who had been in the department for over 24 hours.	**Standard 2.2** Preventing Pressure and Tissue damage	This improvement point links in to action MD1/5 of the immediate assurance action plan. - Assessments are recorded in the Symphony system. The falls and pressure area risk assessment facility is displayed in a prominent position on the system for staff to complete. In addition, when clinicians come to treat a patient, they can select the 'E-view' functionality which provides a simple overview of all relevant information including any risk assessments undertaken. - On review of the Symphony system, there is evidence that risk assessments are completed.	ED Head of Nursing	31.03.23

		Staff training and awareness will continue to ensure that these are completed on all patients that clinically require an assessment of their risk. - Compliance of risk assessment/record keeping audits to be uploaded to Symphony for report analysis. Once completed the following actions will be taken: - Monitor compliance and improvements - Share information with teams - Documentation audits are undertaken daily, with the outcomes presented in a monthly cycle to the Hospital Management Team.		
The health board must ensure that falls risk assessments are undertaken routinely for patients	**Standard 2.3** Falls prevention	This improvement point links in to action MD1/5 of the	ED Head of Nursing	31.03.23

who had been in the department for over 24 hours.		immediate assurance action plan. - Assessments are recorded in the Symphony system. The falls and pressure area risk assessment facility is displayed in a prominent position on the system for staff to complete. In addition, when clinicians come to treat a patient, they can select the 'E-view' functionality which provides a simple overview of all relevant information including any risk assessments undertaken. - On review of the Symphony system, there is evidence that risk assessments are completed. Staff training and awareness will continue to ensure that these are completed on all patients that clinically require an assessment of their risk. - Compliance of risk assessment/record keeping audits to be uploaded to		

		Symphony for report analysis. Once completed the following actions will be taken: - Monitor compliance and improvements - Share information with teams - Documentation audits are undertaken daily, with the outcomes presented in a monthly cycle at the Hospital Management Team.		
The health board must ensure that the ED is kept clean and tidy at all times in order to reduce the risk of cross infection and harm to patients, staff visitors.	**Standard 2.4** Infection Prevention and Control (IPC) and Decontamination	- The environmental audit captures this information and that is then reported to the HMT for accountability. - The enhanced environmental audit has been developed which will include 3 x daily environmental checks. The audit consists of 24 checks and is a thorough check that areas are clean and clutter free.	ED Nurse in Charge of shift	30.03.23

		- Infection prevention audits will be undertaken by the infection prevention team that will be monitored at a local level through EQ Governance and also at the Integrated Health Community (IHC) Local Infection Prevention Group (LIPG). - Daily environmental audits take place and these are reported to the Hospital Management Team		
The health board must ensure that used sterile equipment is disposed of appropriately in order to reduce the risk of cross infection.		- Encourage the use of single use equipment, to be disposed of appropriately. - The enhanced environmental audit has been developed which will include 3 x daily environmental checks. The audit consists of 24 checks and is a thorough check that	ED Nurse in Charge of shift	30.03.23

		areas are clean and clutter free. - Communication to be sent to staff re-affirming the appropriate disposal process of use sterile equipment. - Infection prevention audits will be undertaken by the infection prevention team that will be monitored at a local level through EQ Governance and also at the Integrated Health Community (IHC) Local Infection Prevention Group (LIPG). - Daily environmental audits take place and these are reported to the Hospital Management Team		

The health board must ensure that staff always adhere to the medication administration policy.	**Standard 2.6** Medicines Management	As part of the induction process, all staff are supported to complete the medications competency. A record of compliance is kept. Pharmacy Team Leader has delivered Medicines Management to ED staff in January 2023. Training was delivered to 90% of staff, with the remaining 10% being off sick or on maternity leave. Incidents relating to medicine administration will be monitored through local patient safety and quality meetings. Any medicine administration incidents classed as moderate or severe will be discussed in the weekly HARMS scrutiny meeting. Actions and learning undertaken is then shared with the teams. We are in the process of developing a medications	Head of Nursing – ED with the support of: Pharmacy Team Leader ED Practice Development Nurse	31.03.23 and ongoing

		newsletter/bulletin in collaboration with Pharmacy to share learning.		
The health board must ensure that vulnerable patients are formally assessed in respect of the need for pain relief and that pain relief medication is prescribed and administered in a timely way.		The standard requirement for patients presenting in pain, is documentation of a pain score during triage. A member of staff is allocated to the ED waiting room at all times. In addition, there is a Registered Nurse allocated to oversee waiting room and corridor and this nurse works closely with the healthcare support worker. The reception staff also have oversight of the waiting room and there is an emergency bell located in reception if required. Compliance with this standard will be monitored through audit of the Symphony system to ensure that pain scores are recorded.	Head of Nursing – ED	31.05.23

		When prescribed, patients will be administered pain relief medication in a timely way. Patient satisfaction surveys will be amended to ask patients if they received pain relief in a timely fashion and responses will be monitored through local patient safety and quality meetings.	PALS	
The health board must ensure that antibiotics are prescribed and administered in a timely way.		- The Learning Education Alert and Feedback (LEAF) model is used in ED for sharing and learning. - Explore Symphony capability to provide the time/prescribing of administration data. - Pharmacy Team Leader has delivered Medicines Management to ED staff in January 2023. Training was delivered to 90% of staff, with the remaining 10%	ED Sepsis Lead ED Matron Pharmacy Team Leader Practice Development Nurse	31.05.23

		being off sick or on maternity leave. - Incidents relating to antimicrobial prescribing and administration will be monitored through local patient safety and quality meetings. Any serious anti-microbial prescribing incidents resulting in HARM would be reported at the weekly IHC Central HARMS meeting and any learning then shared widely.		
The health board must ensure that appropriate treatments are commenced whilst patients are awaiting specialist assessments.	**Standard 5.1** Timely Access	The patients, who are under speciality teams will receive appropriate treatments whilst waiting for inpatient beds. - Face to face meetings to be organised between ED and Acute Medicine team to address this issue with support required from	Clinical Director – Medicine Clinical Director- Surgery Site Medical Director- oversight	31.03.23

		Nursing and Pharmacy teams. - The HMT will facilitate the engagement and provide appropriate support.		
The health board must review the cardiology referral process to ensure that it is effective in meeting the needs of patients.		Conduct an assessment to establish the scope and capacity of General Cardiology sessions. Two consultant sessions are currently being provided and more may be required. Following this assessment, an action plan will be developed to address any deficiencies in the ability to provide an effective service for patients in ED. In addition to this, there will be a review of the cardiac hot clinics, to establish and ensure that they are meeting the needs of the service. This review will be report to HMT.	Clinical Director-Medicine Site Medical Director	30.05.23
The health board must ensure that staff lock computer screens when		Compliance with GDPR training will be reported at local	Head of Nursing - ED	31.05.23

not in use to prevent unauthorised access to confidential information.	**Standard 3.5** Record Keeping	governance meetings. All staff will be reminded to complete mandatory information governance training, including GDPR and to lock their screens when not in use. This will be communicated via the ED Teams channel and reminders will be given to both medical and nursing staff about this on handover – all staff to take responsibility for these reminders.		
The health board must ensure that all staff maintain accurate records of the interactions with patients and the care provided.		All staff will be reminded to maintain accurate records of patient interactions and will also be reminded to complete mandatory record keeping training. Compliance will be through monitoring mandatory training completion and record keeping audits which are undertaken daily and reported weekly through local governance meetings and HMT.	Head of Nursing - ED	31.05.23

		This will be communicated via the ED Teams channel.		
The health board must continue with its efforts to recruit permanent staff.	**Standard 7.1** Workforce	Recruitment is ongoing. Central IHC have got a nurse recruitment strategy with a dedicated senior nurse lead. - Work with Workforce and Organisational Development will continue to ensure the next recruitment day (which is a monthly rolling programme of a full open day event on site) will be a targeted event for our difficult to recruit to areas, rather than an offer for all IHC Areas; this will include ED as a focus. - Recommendation of student streamlining places going forward for next cohorts to be offered places which are hard to recruit. - The last recruitment day for Central IHC only on the 25th February was very successful with over 100 suitable	IHC Leadership Team	Ongoing

		applicants (registered, non-registered and apprentices), we are now working through a programme of allocating candidates against our vacancy profile. - Associate Director of Nursing is in contact with an additional external agencies in terms of offering temporary contracts. - Monthly IHC recruitment and retention meetings take place and success or challenges of the strategy will be monitored through this group.		
The health board must continue with its efforts to ensure that staff attend team meetings on a regular basis.		ED staff are invited to attend the following meetings: - Fortnightly governance meetings - Monthly ED senior nurse meeting taking place at	ED Clinical Director ED Head of Nursing ED General Manager	Ongoing

		which the nurse in charge and matron attend. - Weekly safeguarding drop-in meetings for supervision - Monthly wellbeing meeting. - Quarterly full department meeting. - IHC have introduced an internal newsletter and dedicated intranet webpage. - Due to the nature of the service, explore alternate ways of engaging and communicating with staff from all groups.		
The health board must reflect on the less favourable staff responses to some of the questions in the HIW online survey, as noted in the Quality of Management and Leadership section of this report and take action to address the issues highlighted.		- We will be engaging with staff side to develop a staff engagement plan to undertake a diagnosis of staff concerns and to put measures in place to ensure		30.06.23

		that staff are engaged with any proposed changes. - In order to develop a robust engagement plan, we will hold small group engagement sessions to gather staff ideas – what they feel is and isn't working and agree potential solutions together. We plan to empower staff to make some of the changes by listening carefully to them and taking on board their ideas. We will involve the staff wellbeing support service team to address concerns. - We plan to reduce reliance upon temporary staffing and maybe implement some team building to create high performing functioning teams. The People Services team is currently being re-structured		

		and new staff appointed, which will give more capacity to undertake this work. There will also be more opportunities engagement when regular staff are in place.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Libby Ryan-Davies

Job role: Central IHC Director

Date: 14.03.23